

**Cambridge Department of Human Service Programs
Youth Center Programs
Leadership Program Registration Form**

Child's Last Name

Child's First Name

Child's Date of Birth

Gender: Male/Female

Child's Home Address

Zip Code

Please Check Each Session Desired

Session One: Monday, September 10, 2001 – Friday, November 30, 2001 _____

Session Two: Monday, December 10, 2001 – Friday, March 8, 2002 _____

Session Three: Monday, March 18, 2001 – Friday, June 7, 2002 _____

Registration fee for each session is \$20.00

Please have money orders payable to "Cambridge Youth Programs"

*** Personal Checks are not accepted**

Print Mother/Guardian Name

Print Father/Guardian Name

Print Home Address

Print Home Address

Area Code Phone/Pager/Cell #

Area Code Phone/Pager/Cell #

Print Place of Employment

Print Place of Employment

Print Emergency Contact Person

Emergency Contact Person Phone #

Ethnicity/Racial Background

African-American: _____ Haitian: _____ Asian: _____ Caucasian: _____

Cape Verdean: _____ Hispanic/Latino: _____ Native American: _____

Portuguese: _____ Other (Please Specify): _____